



Elvetham Heath  
AFTER SCHOOL CLUB

Summer Club Booking Form

Name of child: .....

Date of birth: .....

Contact Name: .....

Contact Number: .....

Emergency Contact1: .....

Emergency Contact 2: .....

Email Address: .....

**Child Information**

Dietary requirements:

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.....  
.....

Allergies:

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.....  
.....

Week 1 25<sup>th</sup> July

Monday  Tuesday  Wednesday  Thursday

Week 2 1<sup>st</sup> August

Monday  Tuesday  Wednesday  Thursday

Week 3 8<sup>th</sup> August

Monday  Tuesday  Wednesday  Thursday

Payment method: .....